

New England Neurological Associates, P.C. HIPAA PRIVACY PRACTICES

We have a legal duty to protect health information about you

We may use & disclose Protected Health Information or "PHI" about you in the following circumstances:

- To provide health care treatment to you
- To obtain payment for services
- For health care operations
- Under other circumstances without your permission such as when required by law or for public health services. To allow our business associates to provide treatment, obtain payment or conduct their health care operations provided they agree to safeguard your PHI.
- We may contact you to provide appointment reminders.
- We may access a list of medications prescribed to you & paid for by your health insurance.
- You can object to certain uses & disclosures.

Any other use or disclosure of PHI about you requires your written authorization.

You have the following right regarding PHI about you:

- You have the right to request restrictions on uses & disclosures of PHI about you.
- You have the right to request different ways to communicate with you.
- You have the right to see and obtain a copy of PHI about you.
- You have the right to a listing of disclosures of you PHI that we have made.
- You have a right to a copy of this notice.
- You may file a complaint about our privacy practices.
- You have the right to revoke your authorization regarding future use or disclosure.

For additional information regarding our privacy practices, please ask the receptionist for a copy of our full HIPAA Policy.

This notice of Privacy Practices is effective as of the date of this signature.

Is there another person to whom we may disclose your confidential Health Information?

Name: (please print) _____

Relationship: _____

Signature: _____

Date: _____